

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on November 6, 2003.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the work hardening program was not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the treatment listed above was not found to be medically necessary, reimbursement for dates of service from 06-18-03 to 07-25-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 23rd day of January 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division
PR/pr

NOTICE OF INDEPENDENT REVIEW DECISION - AMENDED

Date: January 21, 2004

RE: MDR Tracking #: M5-04-0726-01
 IRO Certificate #: 5242

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Chiropractic reviewer who has an ADL certification. The reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

It appears the claimant was allegedly injured as he was sorting boxes/packages to his right using his right hand when he felt his wrist pop. Some of the documentation revealed the claimant also felt his neck pop during the incident. The claimant was employed as a handler/sorter for ____ and he estimated that his duties at work required him to function at the light to medium duty level. Several functional capacity exam reports were reviewed and these were dated 6/17/03, 7/10/03 and 7/29/03. The claimant did show some increases in overall strength. A 7/16/03 work hardening program note stated the claimant was concerned that he had a possible return of his ganglion cyst. (The claimant did undergo a ganglion cyst removal on 3/12/03 by _____. There were no changes in the claimant's pain level throughout the work hardening program. The claimant's pain level remained at a 4-5/10-pain level. A peer review report revealed the claimant changed treating physicians to _____, a chiropractor, as of 1/27/03. The peer reviewer felt that a work hardening program was too intense given the type of injury sustained and that a 2-3 week work conditioning program would have been more appropriate.

Requested Service(s)

Work hardening program rendered from 6/18/03 to 7/25/03

Decision

I agree with the insurance carrier and find that the services in dispute were not medically necessary.

Rationale/Basis for Decision

A work hardening program is an intense multidisciplinary program that is usually reserved for injured persons who demonstrate various physical and behavioral/psychological barriers to progress. There was no evidence of psychological overlay, coping mechanism problems, or depression/anxiety such that would warrant an intensive work hardening program. The same results could have been obtained via a short work conditioning program or a regular strengthening rehabilitation program. A routine ganglion cyst removal would not normally warrant an intensive return to work program especially when the claimant was documented to only be required to function at the light to medium duty level. An injury to one's wrist does not cause the entire body to become deconditioned such that would normally warrant an intense work hardening program. The work hardening program represented overkill so to speak for the diagnosed condition and the subsequent clinical sequelae.